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2	An act relating to the state group insurance program;
3	amending s. 110.123, F.S.; providing and revising
4	definitions; authorizing eligible former employees to
5	participate in the state group insurance program;
6	removing certain benefit levels for certain health
7	plans; conforming provisions to changes made by the
8	act; conforming cross-references; amending s.
9	110.12303, F.S.; requiring cost savings to an enrollee
10	to include a specified waiver, unless prohibited under
11	certain tax laws; revising what may be included in
12	cost savings; creating s. 110.12306, F.S.; defining
13	the term "designated anti-fraud unit"; requiring the
14	Division of State Group Insurance to establish and
15	maintain, or contract with other entities to establish
16	and maintain, a designated anti-fraud unit for certain
17	purposes, to adopt an anti-fraud plan, and to
18	designate staff with certain responsibilities by a
19	specified date; creating s. 110.12313, F.S.;
20	specifying that eligible former employees may obtain
21	certain health insurance coverage within a specified
22	time after their separation from employment; providing
23	requirements for certain health insurance coverage
24	options; amending s. 110.1239, F.S.; removing language
25	that certain additional appropriations are considered

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26	a state contribution, which result in an increase in
27	the state premium; ratifying specified rules of the
28	Florida Administrative Code relating to health
29	maintenance organization plan regions; providing
30	construction; providing effective dates.
31	
32	Be It Enacted by the Legislature of the State of Florida:
33	
34	Section 1. Paragraph (b) and paragraphs (c) through (p) of
35	subsection (2) of section 110.123, Florida Statutes, are
36	redesignated as paragraph (c) and paragraphs (e) through (r),
37	respectively, present paragraphs (b), (k), (m), and (o) of
38	subsection (2), paragraphs (d), (g), and (j) of subsection (3),
39	paragraph (e) of subsection (4), and paragraphs (c) and (d) of
40	subsection (13) are amended, and new paragraphs (b) and (d) are
41	added to subsection (2) of that section, to read:
42	110.123 State group insurance program
43	(2) DEFINITIONSAs used in ss. 110.123-110.1239, the
44	term:
45	(b) "Eligible former employee" means a former state
46	officer or employee who was enrolled in the state group
47	insurance program for at least 6 cumulative years with an
48	employer or employers participating in the state group insurance
49	program, and who was enrolled in the state group insurance
50	program at the time of his or her separation from employment and
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51 whose separation from employment occurred on or after July 1, 52 2022.

53 (c) (b) "Enrollee" means all state officers and employees, 54 retired state officers and employees, surviving spouses of 55 deceased state officers and employees, eligible former 56 employees, and terminated employees or individuals with 57 continuation coverage who are enrolled in an insurance plan 58 offered by the state group insurance program. The term 59 "enrollee" includes all state university officers and employees, retired state university officers and employees, surviving 60 spouses of deceased state university officers and employees, and 61 terminated state university employees or individuals with 62 63 continuation coverage who are enrolled in an insurance plan 64 offered by the state group insurance program.

(d) "Enrollee cost-sharing liability" means the amount an enrollee or beneficiary is responsible for paying for a covered item or service under the terms of the state group insurance program. The term "enrollee cost-sharing liability" includes deductibles, coinsurance, and copayments, but does not include premiums.

71 <u>(m) (k)</u> "State group health insurance plan or plans" or 72 "state plan or plans" means the state self-insured health 73 insurance plan or plans offered to state officers and employees, 74 retired state officers and employees, <u>eligible former employees</u>, 75 and surviving spouses of deceased state officers, and employees,

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76 and eligible former employees under pursuant to this section. 77 (o) (m) "State group insurance program" or "programs" means 78 the package of insurance plans offered to state officers and employees, retired state officers and employees, eligible former 79 80 employees, and surviving spouses of deceased state officers, and employees, and eligible former employees under pursuant to this 81 82 section, including the state group health insurance plan or 83 plans, health maintenance organization plans, TRICARE 84 supplemental insurance plans, and other plans required or 85 authorized by law.

(q) (o) "Surviving spouse" means the widow or widower of a 86 87 deceased state officer, full-time state employee, part-time state employee, eligible former employee, or retiree if such 88 89 widow or widower was covered as a dependent under the state 90 group health insurance plan, TRICARE supplemental insurance 91 plan, or a health maintenance organization plan established 92 under pursuant to this section at the time of the death of the 93 deceased officer, employee, eligible former employee, or 94 retiree. The term "surviving spouse" also means any widow or 95 widower who is receiving or eligible to receive a monthly state 96 warrant from a state retirement system as the beneficiary of a 97 state officer, full-time state employee, or retiree who died 98 prior to July 1, 1979. For the purposes of this section, any 99 such widow or widower shall cease to be a surviving spouse upon his or her remarriage. 100

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101

(3) STATE GROUP INSURANCE PROGRAM.-

(d)1. Notwithstanding chapter 287 and the authority of the department, for the purpose of protecting the health of, and providing medical services to, state employees <u>and eligible</u> <u>former employees</u> participating in the state group insurance program, the department may contract to retain the services of professional administrators for the state group insurance program. The agency shall follow good purchasing practices of state procurement to the extent practicable under the circumstances.

2. Each vendor in a major procurement, and any other vendor if the department deems it necessary to protect the state's financial interests, shall, at the time of executing any contract with the department, post an appropriate bond with the department in an amount determined by the department to be adequate to protect the state's interests but not higher than the full amount estimated to be paid annually to the vendor under the contract.

3. Each major contract entered into by the department <u>under pursuant to</u> this section <u>must</u> shall contain a provision for payment of liquidated damages to the department for material noncompliance by a vendor with a contract provision. The department may require a liquidated damages provision in any contract if the department deems it necessary to protect the state's financial interests.

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126 Section 120.57(3) applies to the department's 4. 127 contracting process, except: 128 A formal written protest of any decision, intended a. 129 decision, or other action subject to protest must shall be filed 130 within 72 hours after receipt of notice of the decision, 131 intended decision, or other action. 132 b. As an alternative to any provision of s. 120.57(3), the department may proceed with the bid selection or contract award 133 134 process if the director of the department sets forth, in 135 writing, particular facts and circumstances that demonstrate the 136 necessity of continuing the procurement process or the contract 137 award process in order to avoid a substantial disruption to the 138 provision of any scheduled insurance services. 139 5. The department shall make arrangements as necessary to 140 contribute claims data of the state group health insurance plan 141 to the contracted vendor selected by the Agency for Health Care 142 Administration under pursuant to s. 408.05(3)(c). 143 6. Each contracted vendor for the state group health insurance plan shall contribute Florida claims data to the 144 145 contracted vendor selected by the Agency for Health Care 146 Administration under pursuant to s. 408.05(3)(c). 147 (g) Participation by individuals in the program is available to all state officers, full-time state employees, and 148 149 part-time state employees, and eligible former employees and is voluntary. Participation in the program is also available to 150 Page 6 of 13

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retired state officers and employees who elect at the time of retirement to continue coverage under the program, but may elect to continue all or only part of the coverage they had at the time of retirement. A surviving spouse may elect to continue coverage only under a state group health insurance plan, a TRICARE supplemental insurance plan, or a health maintenance organization plan.

158 (j) For the 2020 plan year and each plan year thereafter, 159 health plans shall be offered in the following benefit levels:

160 1. Platinum level, which shall have an actuarial value of 161 at least 90 percent.

162 2. Gold level, which shall have an actuarial value of at 163 least 80 percent.

164 3. Silver level, which shall have an actuarial value of at 165 least 70 percent.

166 4. Bronze level, which shall have an actuarial value of at 167 least 60 percent.

168 (4) PAYMENT OF PREMIUMS; CONTRIBUTION BY STATE; LIMITATION
169 ON ACTIONS TO PAY AND COLLECT PREMIUMS.—

(e) No state contribution for the cost of any part of the premium shall be made for retirees, or surviving spouses, or eligible former employees for any type of coverage under the state group insurance program. However, any state agency that employs a full-time law enforcement officer, correctional officer, or correctional probation officer who is killed or

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176 suffers catastrophic injury in the line of duty as provided in 177 s. 112.19, or a full-time firefighter who is killed or suffers 178 catastrophic injury in the line of duty as provided in s. 112.191, shall pay the entire premium of the state group health 179 180 insurance plan selected for the employee's surviving spouse until remarried, and for each dependent child of the employee, 181 182 subject to the conditions and limitations set forth in s. 112.19 183 or s. 112.191, as applicable.

184

(13) OTHER-PERSONAL-SERVICES EMPLOYEES (OPS).-

(c) The initial measurement period used to determine whether an employee hired before April 1, 2013, and paid from OPS funds is a full-time employee described in <u>subparagraph</u> <u>(2)(e)1.</u> <u>subparagraph (2)(c)1.</u> is the 6-month period from April 189 1, 2013, through September 30, 2013.

(d) All other measurement periods used to determine whether an employee paid from OPS funds is a full-time employee described in <u>paragraph (2)(e)</u> paragraph (2)(c) must be for 12 consecutive months.

194Section 2. Paragraph (a) of subsection (2) of section195110.12303, Florida Statutes, is amended to read:

196 110.12303 State group insurance program; additional 197 benefits; price transparency program; reporting.—

(2)(a) The department shall contract with at least one
entity that provides comprehensive pricing and inclusive
services for surgery and other medical procedures which may be

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201	accessed at the option of the enrollee. The contract shall														
202	require the entity to:														
203	1. The entity to have procedures and evidence-based														
204	standards to ensure the inclusion of only high-quality health														
205	care providers.														
206	2. The entity to provide assistance to the enrollee in														
207															
208	3. The entity to provide cost savings to the state group														
209	insurance program to be shared with both the state and the														
210	enrollee. Cost savings payable to an enrollee <u>must, unless</u>														
211	prohibited by first-dollar coverage rules under applicable tax														
212	law, include a waiver of enrollee cost-sharing liability for														
213	surgery and other medical procedures. Cost savings may														
214	additionally include amounts payable to an enrollee or														
215	beneficiary as follows may be:														
216	a. Credited to the enrollee's flexible spending account;														
217	b. Credited to the enrollee's health savings account;														
218	c. Credited to the enrollee's health reimbursement														
219	account; or														
220	d. Paid as additional health plan reimbursements not														
221	exceeding the amount of the enrollee's out-of-pocket medical														
222	expenses.														
223	4. The entity, in conjunction with the department, to														
224	provide an educational campaign for enrollees to learn about the														
225	services offered by the entity.														

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226	Section 3. Section 110.12306, Florida Statutes, is created
227	to read:
228	110.12306 Anti-fraud investigative units
229	(1) As used in this section, the term "designated anti-
230	fraud unit" means a distinct unit within the Division of State
231	Group Insurance which is made up of employees whose principal
232	responsibilities are the investigation and disposition of claims
233	and who are also assigned to investigate fraud.
234	(2) By December 31, 2022, the division:
235	(a)1. Shall establish and maintain a designated anti-fraud
236	unit to investigate and report possible fraudulent insurance
237	acts by insureds, persons making claims for services against the
238	State Employees Health Insurance Trust Fund, or vendors under
239	contract with the division.
240	2. May contract with other entities to investigate and
241	report possible fraudulent insurance acts by insureds, persons
242	making claims for services against the State Employees Health
243	Insurance Trust Fund, or vendors under contract with the
244	division.
245	(b) Shall adopt an anti-fraud plan.
246	(c) Shall designate staff with the primary responsibility
247	of implementing the requirements of this section.
248	Section 4. Section 110.12313, Florida Statutes, is created
249	to read:
250	110.12313 Enrollment for eligible former employeesAn
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251	eligible former employee may obtain health insurance coverage
252	under s. 110.123, and enroll in the state group insurance
253	program at any time within 24 months after his or her separation
254	from employment. The options provided to an eligible former
255	employee must be the same health insurance coverage and premium
256	payment conditions provided to covered retirees, except for life
257	insurance and flexible spending account plans.
258	Section 5. Subsection (3) of section 110.1239, Florida
259	Statutes, is amended to read:
260	110.1239 State group health insurance program fundingIt
261	is the intent of the Legislature that the state group health
262	insurance program be managed, administered, operated, and funded
263	in such a manner as to maximize the protection of state employee
264	health insurance benefits. Inherent in this intent is the
265	recognition that the health insurance liabilities attributable
266	to the benefits offered state employees should be fairly,
267	orderly, and equitably funded. Accordingly:
268	(3) For purposes of funding, any additional appropriation
269	amounts allocated to the state group health insurance program by
270	the Legislature shall be considered as a state contribution and
271	thus an increase in the state premiums.
272	Section 6. <u>(1) The following rules are ratified for the</u>
273	sole and exclusive purpose of satisfying any condition on
274	effectiveness imposed under s. 110.123(3)(h)2.d., Florida
275	Statutes: Rules 60P-1.003, 60P-2.002, and 60P-2.003, Florida

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276	Administrative Code, titled "Definitions," "Eligibility and
277	Enrollment," and "Changes in Coverage," respectively, as filed
278	for adoption with the Department of State pursuant to the
279	certification packages dated October 1, 2019, and November 4,
280	2021.
281	(2) This act may not be codified in the Florida Statutes.
282	After this act becomes law, its enactment and effective dates
283	shall be noted in the Florida Administrative Code or the Florida
284	Administrative Register, or both, as appropriate. This act does
285	not alter rulemaking authority delegated by prior law; provided
286	any amendment to a rule ratified pursuant to this act which
287	would modify the designated geographical areas for use in
288	procurements of Health Maintenance Organization services before
289	January 1, 2024, would require ratification by the Legislature
290	before taking effect. This act does not constitute legislative
291	preemption of or exception to any provision of law governing
292	adoption or enforcement of the rules cited, and is intended to
293	preserve the status of any cited rule as a rule under chapter
294	120, Florida Statutes. This act does not cure any rulemaking
295	defect or preempt any challenge based on lack of authority or a
296	violation of the legal requirements governing the adoption of
297	any rule cited.
298	(3) This section shall take effect upon becoming a law.
299	Section 7. Except as otherwise expressly provided in this
300	act and except for this section, which shall take effect upon
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301 this act becoming a law, this act shall take effect July 1, 302 2022.

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